

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009232

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2634

STATE FILE NUMBER

1. PLACE OF DEATH FILED MAR 14 1963 KNOX City of St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis 4, Mo.		c. CITY OR TOWN St. Louis 7 Mo.	
c. FULL NAME OF (IF NOT in hospital, give location) Firmin Desloge St. Louis University		d. STREET ADDRESS (If outside, give location) 4031a Pleasant	
3. NAME OF DECEASED (Type or print) First Anthony Middle B. Last Puttin		4. DATE OF DEATH Month March- Day 4- Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Lithuania		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME (Puttin, John)		13b. MOTHER'S MAIDEN NAME (Antovich, Frances)	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. 331X		17. INFORMANT Mrs. Marcella Cornish 4031a Pleasant	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) arteriosclerosis of the cerebral arteries DUE TO (c) myocardial infarction (old) with heart block PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:40 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year March 4, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri.		
21. I attended the deceased from January to March 4th and last saw him alive on March 4th Death occurred at 4:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Morris W. Smith, Md		22b. ADDRESS Firmin Desloge House 3-5-63	
22c. DATE SIGNED March 3-5-63		22d. DATE RECD. BY LOCAL REG. MAR 6 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7 Mar. 63	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
24. FUNERAL DIRECTOR JOHN STYGAR & SON		25. REGISTRAR'S SIGNATURE Ed Smith, M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

JMRoster

Licensed Embalmer No.

3980

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.